

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**-63-022933**

STATE FILE NUMBER

Registration District No.

347

Primary Registration District No.

6/62

Registrar's No.

70

DO NOT WRITE  
ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

1040

8150

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USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>Stone</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Kansas</b> b. COUNTY <b>Harper</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Reed Springs</b>		Length of stay in 1b <b>1 day</b>	c. CITY OR TOWN <b>Anthony</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Silver Dollar City</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>301 N. Jefferson</b>
3. NAME OF DECEASED (Type or print) First <b>Walter</b> Middle <b>B.</b> Last <b>Stewart</b>		4. DATE OF DEATH Month <b>May</b> Day <b>29</b> Year <b>1963</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>W</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>6/20/1890</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired County Shop Work</b>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) <b>72</b>
11a. FATHER'S NAME <b>Russell Stewart</b>		11b. BIRTHPLACE (City and state or country) <b>Anthony, Kansas</b>	
13a. FATHER'S NAME <b>Russell Stewart</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes WW I</b>		16. SOCIAL SECURITY NO. <b>WW I</b>	
17. INFORMANT <b>Walter E. Stewart, Hollister, Mo.</b>		14. NAME OF HUSBAND OR WIFE <b>Minnie Stewart</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary Occlusion</b>		INTERVAL BETWEEN ONSET AND DEATH <b>Instant</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		PART III. If deceased was female, was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <b>Coroners Case</b>	
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <b>Charles M. Crane, Coroner</b>	
22b. ADDRESS <b>Crane, Missouri</b>		22c. DATE SIGNED <b>6/1/63</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE	
23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)	
24. FUNERAL DIRECTOR <b>Elliott Funeral Home, Anthony, Kansas</b>		25. DATE RECD. BY LOCAL REG. <b>June 6, 1963</b>	
26. REGISTRAR'S SIGNATURE <b>Mary F. Stewart</b>			

(Licensed Embalmer's Statement on Reverse Side)

JUN 19 1963

10/10  
21/20  
Permit raised  
May 29, 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Walter Cobb

Licensed Embalmer No. 4731

P. O. Address Indianapolis, Ind.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.